

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2
Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB)
290 Broadway - 21st Floor
New York, NY 10007-1866

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification
			245-5720
I. TYPE OF NOTIFICATION (O = Original / R = Revised / E = Emergency/C = Cancelled) : <u>Original</u>			
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: <u>Summy Purchase</u>			
Address: <u>735 Anderson Hill Road</u>			
City: <u>Purchase</u>	State: <u>NY</u>	ZIP: <u>10577</u>	
Contact: <u>Ismail Muneer</u>	Tel: <u>914-251-6825</u>		
REMOVAL CONTRACTOR: <u>ATC Construction</u>			
Address: <u>6012 Broadway</u>			
City: <u>WNY</u>	State: <u>NY</u>	ZIP: <u>07093</u>	
Contact: <u>Eric J. J...</u>	Tel: <u>718-710-6422</u>		
OTHER OPERATOR:			
Address:			
City:	State:	ZIP:	
Contact:	Tel:		
III. TYPE OF OPERATION (D = Demolition / O = Ordered Demolition/R = Renovation/E = Emergency) : <u>Renovation</u>			
IV. IS ASBESTOS PRESENT? (Yes/No): <u>Yes</u>			
V. FACILITY DESCRIPTION (include building name, number and floor or room number): <u>Natural Science Building</u>			
Building Name: <u>Natural Science Building</u>			
Address: <u>735 Anderson Hill Road</u>			
City: <u>Purchase</u>	State: <u>NY</u>	County: <u>Westchester</u>	
Site Location: <u>Labs 014 and 033</u>			
Building Size:	SqMeter: <u>30000</u>	SqFt: <u>2</u>	# of Floors: <u>64</u>
Present Use: <u>Science Bldg</u>	Prior Use: <u>lab</u>		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <u>Bulk Materials by PCM</u>			

VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW: 1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed	RACM to be removed	Non-friable Asbestos Material not to be removed		Indicate Unit of Measurement below	
		Cat I	Cat II	UNIT	
Pipes - Linear Feet	0		✓	LnFt:	Ln M:
Surface Area - Square Feet			✓	SqFt: <u>1225</u>	Sq M:
Volume RACM off Facility Component				CuFt:	Cu M:
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY) Start: <u>05-22-2014</u>		Completion: <u>08-30-2014</u>			
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY) Start: <u>05-20-2014</u>		Completion: <u>05-22-14</u>			

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

Demo of Metal Cabinets

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Place area under Containment Wet Method Material Dk bagged

XII. WASTE TRANSPORTER #1

Name:

Eodi Transport

Address:

72 Allen Boulevard

City:

Farmingdale

State: *NY*

ZIP: *11735*

Contact Person:

Ms Allini

Telephone: *631-694-6001*

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

ZIP:

Contact Person:

Telephone:

XIII. WASTE DISPOSAL SITE

Name:

Address:

City:

State:

ZIP:

Telephone:

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:

Title:

Authority:

Date if Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY) :

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLD, PULVERIZED, OR REDUCED TO POWDER:

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) .

Signature of Owner/Operator

Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Signature of Owner/Operator

Date

05-05-2014